

Study of Whole Blood in Frontline Trauma (SWiFT)

REC Ref: 22/SC/0072

CAG Ref: 22/CAG/250

Research Ethics Review – Further information required

Number	Action Required	Response from the Applicant
1	The Committee requested written procedures for how the applicants will handle any indication of extreme anxiety and depression in participants (as a result of completing certain questions within the two questionnaires - EQ-5D-5L and EQ-5D-5Y) are submitted for review. A sentence should also be added to the Participant Information Sheet to explain that participants' General Practitioners will be contacted if an individual shows signs of extreme anxiety and depression.	This has been added to section 9.3 of the protocol. A template letter has been developed for sites to use for this purpose. A sentence has been added to the three information sheets.
2	The Committee requested written clarification on which circumstances advice from a personal legal representative will be sought as there is inconsistency in the application regarding approach to relatives following the death of a participant. For example, question A6-2 of the IRAS Form states consent will not be actively sought due to the perceived distress to relatives with posters being placed in public places (i.e. GP surgeries and hospitals) giving information about the trial and who to contact for more information. However, in other sections of the application it states that a personal legal representative will be sought in the event of participant death to ask their opinion whilst question A30-1 of the IRAS Form implies that the applicants will assess on a case by case basis. Please note: no changes are required to the IRAS Form.	If a personal legal representative is approached for consent (e.g. reading the documentation, consideration time, discussion with others) and their relative/friend dies before consent is given, the research teams will not be expected to re-approach the personal legal representative to complete the consent process. If no approach has been made to a personal legal representative before the patient dies, the research teams will not approach the representative due to the distress it would cause. We have clarified all these in the next version of the protocol.
3	The Committee requested written clarification on whether already collected participant data will be kept or deleted if the participant withdraws from the study. As currently the Protocol (page 24) states that data collected up to the point of withdrawal will only be retained with the consent of the participant or legal representative. Whilst the Participant Information Sheet (page four) states that data collected up to the point of withdrawal will be kept. The members emphasised that full withdrawal of data should be permitted for individuals who did not consent to their initial participation.	Full withdrawal will be permitted and their data will be deleted. The three information sheets have been changed to reflect this. If a participant withdraws, the site team will notify NHSBT CTU (via completion of the Withdrawal Form). If the participant does not consent for data collected up to the point of withdrawal to be retained, the data will be deleted from the database. However, please note that data which has been entered onto the eCRF database (OpenClinica) cannot be fully deleted, as it will remain

	The Committee added that, depending on the answer provided, the Participant Information Sheet and/or Protocol should be updated accordingly. Please note: no changes are required to the IRAS Form.	visible in the audit trail. No personal data will be entered onto OpenClinica.
4	The Committee acknowledged that the study design appropriately makes use of the personal/professional legal representative as the proxy decision maker who gives consent on behalf of the incapacitated adult in the event of the participant lacking capacity. However, the members noted that there are occasions throughout the application where the term “personal consultee” is incorrectly used - for example, page 44 of the Protocol refers to “Consultee Advice Forms”. The Committee, therefore, requested reference to terminology used within the Mental Capacity Act (such as “personal consultee” and “Consultee Advice Forms”) is removed from the study documentation. Please note: no changes are required to the IRAS Form.	We have corrected this in the protocol.
5	The Committee requested the CV for Dr Grazia Antonacci is submitted.	The CV has been provided by Dr Grazia Antonacci.
6	The Committee requested the following changed are made to the Participant Information Sheet(s) and Consent Form(s):	
A	The Committee requested reference to the patients and donor representatives being paid £75 for participating in the focus group is removed from the section regarding possible benefits of taking part within the Participant Information Sheet(s) as it has a coercive nature about it. The members advised that information of the £75 payment should be presented under a separate heading within the information sheet as payment for time (two to three hours) and possible travel expenses if the focus group is face-to-face.	This has been amended.
B	The Committee requested the information sheet for the sub-study is updated to reflect the correct role Dr Grazio Antonacci is undertaking in the study as page one details them as a co-investigator whilst page three states they are the study investigator.	This has been corrected.
C	The Committee noted that the section ‘Possible risks and benefits of taking part’ of the information sheet for parents/guardians is confusing as it lists potential risks which are common to both whole blood and component transfusion and are, therefore, not risks of taking part in the study itself. The Committee, therefore, requested that this section is considerably reduced in length by removing all potential risks associated with the standard of care treatment and replacing it with the following line – “There are no known additional risks in participating in the study compared to risk associated with transfusing blood components”. The members emphasised that the information sheet should concentrate on activities that are only associated with the study procedures –	The section related to risks in taking part has been reduced and the sentence added to the information sheets.

	i.e. collection of routine information and the completion of a questionnaire three months after the incident.	
D	The Committee requested a line is added to all information sheets for children to inform the young person that their parent (or failing that, their GP) will receive a questionnaire three months later.	This has been added to both information sheets.
E	The Committee advised that the information sheet for eleven- to fifteen-year olds should be reformatted to remove the two columns to make it easier to read.	This has been revised.
F	The Committee requested the phrase “Your doctor’s don’t know the answer to this question yet” is changed to “Doctor’s don’t know the answer to this question yet” within the information sheet for eleven- to fifteen-year olds as it implies there are other better doctors out there.	This has been revised in both information sheets.
G	The Committee requested that yes/no boxes are added next to the two optional clauses (clause four and six) rather than using initials.	This has been revised in the patient, parent/guardian and legal professional representative consent forms.
7	The Committee requested the following changes are made to the GP Letter (for the main study):	
A	The Committee requested a sentence is added to the GP Letter (for the main study) to advise the General Practitioner may be asked to provide relevant medical information if the patient cannot be contacted at three months post-trauma. As the participant has provided consent for this, a copy of the signed Consent Form should be attached to the letter.	This has been added to the GP Letter.
8	The Committee noted that confirmation of insurance had not yet been submitted or was pending for various non-NHS sites. These should be confirmed for all non-NHS sites, and evidence submitted.	Kent Surry and Sussex and Essex and Herts Air Ambulance Services have confirmed their clinical trials insurance and these have now been uploaded.
Number	Recommendation	Response from the Applicant
1	The Committee advised that the applicants should detail their responses to any actions taken/responses to any comments provided by separate external independent reviewers within any future applications.	Thank you! The study team will do this in future.

Assessment - Further information required

In addition, please provide the following information in order to clarify points raised in the assessment of the application

Number	Action Required	Response from the Applicant
1	16.03.2022: It has been noted that a separate Implementation Sub-Protocol has been submitted for interviews/focus groups with staff/patients/donor representatives. Within this documentation it has been stated that NHSBT has delegated responsibility to ICL to conduct this Sub-Protocol. The PIS's for this part of the research state that ICL is therefore considered the Sponsor and Data Controller for this Sub-Protocol. It is not usually acceptable for a Sub-Study to have a different Sponsor from the main study nor would it usually be considered acceptable for the Data Controller to be different. The Sub-Protocol should therefore retain NHSBT as Sponsor and Data Controller, with ICL as a Data Processor working on NHSBT's behalf. Alternatively, the Sub-Protocol should either be submitted as a separate study with ICL as Sponsor or ICL should be named as a Co-Sponsor in IRAS Form [A64] with a clear description of how responsibilities will be assigned between the Co-Sponsors. 22.03.2022: <i>The relevant documentation will be amended. NHSBT will be the Sponsor for the Sub-Protocol (Implementation Study).</i> As confirmed, please update the Sponsor to NHSBT for the Sub-Protocol (Implementation Study). Relevant documentation should be updated, including that NHSBT is Data Controller.	The PIS for the sub-protocol have been amended. It is now clear that NHSBT Sponsor and ICL is the processor only
2	16.03.2022: Please clarify whether the Sub-Protocol interviews/focus groups will take place. The activity wasn't noted as being listed in the SOE or SOECATs for the different site types. 22.03.2022: <i>The activities related to the Implementation Study were not included on the SoE/SoECAT forms, because these are not activities which the site teams will be expected to deliver. The qualitative researcher (Dr Grazia Antonacci) will contact potential participants directly to arrange interviews/focus groups. Participation is also voluntary, and not mandated by the trial protocol.</i>	If the activity falls under the responsibility of Site Types 2/3/4, the activity should be listed so the site is aware the activity will take place but will be undertaken by an external researcher for whom the appropriate access will need to be arranged. This part of the trial does not fall under the responsibility of the sites and will not be listed on the SoCCAT forms. The vast majority of the

	Please provide further clarity around where the interviews/focus groups will take place and/or who will have a duty of care. If this involves a site undertaking different activities, consider whether this would constitute another site type and/or PIC. If the activity falls under the responsibility of Site Types 2/3/4, the activity should be listed so the site is aware the activity will take place but will be undertaken by an external researcher for whom the appropriate access will need to be arranged. <i>Note: Please let me know if you would like to discuss this point via telephone.</i>	focus groups and interview will be held virtually and completely optional for site staff.
3	[Sub-Protocol PIS's] The HRA has published new GDPR transparency language. Please update the PIS to include this. The language can be found at https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/data-protection-and-information-governance/gdpr-guidance/templates/transparency-wording-for-all-sponsors/ . This should be used to replace existing language, where appropriate, rather than being additional language.	This has been revised.
4	[Sub-Protocol PIS's] should be amended to ensure it is clear what the Sponsorship and Data Controller arrangements are.	This has been revised.
5	[Sub-Protocol PIS's & Consent Form] Add the IRAS ID (e.g. in the footer).	This has been revised.

Confidentiality Advisory Group Review – Further information required

1	Confirm that patients will be approached with information about the study when they had capacity to consent. For patients who lacked capacity, their legal representative needed to be approached as soon as possible.	Patients will be approached when they regain capacity to consent. Until this time, consent from a legal representative will be sought as soon as possible.
2	The patient notification materials need to explain clearly that they can opt-out. Telephone, postal and email contacts also need to be provided.	This has been added to the privacy notice and the study poster.
3	The sentence about the Confidentiality Advisory Group needs to be revised to state that "The Confidentiality Advisory Group have recommended that support under Regulation 5 of the Health Service (control of patient information) Regulations 2002 ('section 251 support') is given for the processing of patient information	This has been revised in the privacy notice.

Other changes made by the Study Team that the Committees should note:

1	A sentence has been added in section 7.4.4 of the protocol and the IRAS form to reflect that electronic consent can be used in this study. The HRA permits the use of a simple typed electronic signature for Class A CTIMP trials. The use of Pando (https://network.hellopando.com/nhs/) to transfer consent forms is approved at sites.
2	Change of PIs: Changes of Principle Investigators have been made for University Hospital Southampton and Salford Royal Hospital PI CVs have been uploaded to IRAS. University Hospital Southampton: Dr Elizabeth Shewry Salford Royal Hospital: Dr Dr Scott Beatie
3	Addition of a new site, Princess Alexandra Hospital in Harlow.
4	The removal of University Hospital Birmingham as a site.
5	Change to the protocol and section A4 of the IRAS form to reflect a change in the NHSBT CTU primary contact due to staff changes.